

Date of Hearing: April 11, 2018

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 2691 (Jones-Sawyer) – As Amended March 20, 2018

[Note: This bill is doubled referred to the Assembly Health Committee and will be heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: Pupil health: pupil and school staff trauma: Trauma-Informed Schools Initiative

SUMMARY: Requires the California Department of Education (CDE) to provide information and training to schools on trauma-informed care and to work with specified higher education institutions to coordinate trauma-informed care on K-12 school campuses by higher education students. Specifically, **this bill:**

- 1) Establishes the *Trauma-Informed Schools Initiative*.
- 2) Defines the following terms for the purpose of this initiative:
 - a) “ACEs” means adverse childhood experiences.
 - b) “Student Mental Health Policy Workgroup” means the workgroup convened in 2012 by Superintendent of Public Instruction, Tom Torlakson, to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for pupils.
 - c) “Trauma-informed care approach” means an approach that involves understanding of ACEs and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan of an individual.
 - d) “Trauma-informed school” means a public school, including a charter school, that does all of the following:
 - i. Realizes the widespread impact of trauma and understands potential paths for recovery from trauma.
 - ii. Recognizes the signs and symptoms of trauma in pupils, teachers, and staff.
 - iii. Responds to trauma by fully integrating knowledge about trauma into the school’s policies, procedures, and practices.
 - iv. Seeks to actively resist retraumatization.
- 3) Establishes the *Trauma-Informed Schools Initiative* within CDE and requires the CDE by December 31, 2019 to do all of the following:
 - a) Provide information regarding the trauma-informed care approach to school districts and charter schools.

- b) Develop a guide for public schools, including charter schools, on how to become trauma-informed schools.
 - c) Offer training on the trauma-informed care approach to school districts and charter schools, which shall include the guide developed.
 - d) Develop and post online a website about the *Trauma-Informed Schools Initiative* that includes information for public schools, including charter schools, and parents and guardians regarding the trauma-informed care approach and the guide developed.
 - e) Work with regional campuses of the University of California and the California State University to coordinate the offering of trauma-informed clinical care hours by students of those campuses at school sites of public schools, including charter schools, maintaining kindergarten or any of grades 1 to 12, inclusive, for pupils of those schools and the families of those pupils.
- 4) Requires the CDE and the Student Mental Health Policy Workgroup to consult with the Department of Health Care Services (DHCS) and the Department of Social Services (DSS) for assistance in implementing the provisions in (3) above.
- 5) Requires each school district and charter school to provide the address of the website developed by the CDE pursuant to (3) (d) above to parents and guardians of the pupils of the school district or charter school within the content required to be provided at the beginning of the first semester or quarter of the school year, as per EC 48980.
- 6) Specifies that nothing in this section shall be construed as authorizing or encouraging an employee of a public school, including a charter school, maintaining kindergarten or any of grades 1 to 12, inclusive, or a student of the University of California or California State University to diagnose or treat mental illness unless the employee or student is specifically licensed and authorized to do so.

EXISTING LAW:

- 1) Requires the Superintendent of Public Instruction (SPI) to post, and annually update, on the department's website a list of statewide resources, including community-based organizations, that provide support to youth, and their families, who have been subjected to school-based discrimination, harassment, intimidation, or bullying. The website must also include a list of statewide resources for youth who have been affected by gangs, gun violence, and psychological trauma caused by violence at home, at school, and in the community (EC 234.5).
- 2) Establishes *The Learning Communities for School Success Program* to provide grants to local education agencies (LEAs) for planning, implementation, and evaluation of activities in support of evidence-based, non-punitive programs and practices to keep the state's most vulnerable pupils in school. These may include activities that advance social-emotional learning, positive behavior interventions and supports, culturally responsive practices, and trauma-informed strategies (EC 33432).

- 3) Requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the district to employ properly certified persons for the work (EC 49400).
- 4) Specifies that the minimum requirements for the services credential with a specialization in pupil personnel services are a baccalaureate degree or higher degree from an approved institution, a fifth year of study, and any specialized and professional preparation that the commission shall require. The services credential with a specialization in pupil personnel services shall authorize the holder to perform, at all grade levels, the pupil personnel service approved by the commission as designated on the credential, which may include, but need not be limited to, school counseling, school psychology, child welfare and attendance services, and school social work (EC 44266).
- 5) Prohibits any person who is an employee of a school district from administering psychological tests or engaging in other psychological activities involving the application of psychological principles, methods or procedures unless the person holds a valid and current credential as a school psychologist or is a psychological assistant or intern performing the testing or activities under the supervision of a credentialed psychologist (EC 49422).
- 6) School districts are not precluded from utilizing community-based service providers, including volunteers, individuals completing counselling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization (California Code of Regulations, Title 5, Section 80049.1(c)).

FISCAL EFFECT: The Office of Legislative Counsel has keyed this bill as a state-mandated local program.

COMMENTS: *Need for the bill.* According to the author,

“Studies now show that nearly every school has children who have been exposed to overwhelming experiences, such as witnessing violence between their caretakers, being the direct targets of abuse, and other kinds of adversity. The Adverse Childhood Experiences (ACE) study found higher levels of traumatic experiences in the general population than previously imagined. Among the approximately 17,000 adults surveyed, just over 50% reported having experienced at least one form of childhood adversity. These included physical, emotional or sexual abuse; witnessing their mother treated violently; having a parent with substance abuse or mental health issues; or, living in a household with an adult who had spent time in prison.

Experts explain that trauma is not an event itself, but rather a response to one or more overwhelmingly stressful events where one’s ability to cope is dramatically undermined. These experiences in childhood can lead to a cascade of social, emotional and academic difficulties. As students get older, exposure to traumatic experiences can also lead to the adoption of self-medicating behaviors such as substance abuse, smoking, and overeating. All of these responses to traumatic events can interfere with a child’s ability to learn at school.

For many children who have experienced traumatic events, the school setting can feel like a battleground in which their assumptions of the world as a dangerous place sabotage their ability to remain calm and regulate their behavior in the classroom. Unfortunately, many of these children develop behavioral coping mechanisms in an effort to feel safe and in control, yet these behaviors can frustrate educators and evoke exasperated reprisals, reactions that both strengthen the child's expectations of confrontation and danger and reinforce a negative self-image."

The Adverse Childhood Experiences study and trauma-informed practices. The Adverse Childhood Experiences (ACE) study, a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente, investigated the associations between childhood maltreatment and later-life health and well-being. The ACE study uses a score to represent the degree to which a person has experienced traumatic events. One point is recorded for each type of trauma exposure in the areas of abuse, neglect, and household dysfunction and the points add up to a score ranging from 0 to 10. The higher an ACE score the greater one's risk of a broad range of health, mental health, and at-risk behaviors.

The ACE Study has shown that adverse childhood experiences are major risk factors for the leading causes of illness and death, as well as poor quality of life. Related research has also demonstrated a strong association between high ACE scores and poor performance in school, including a higher risk of learning and behavior problems. Other research into the effects of chronic stress (often caused by ACEs) on children, has identified a profound effect on the developing brain, which in turn affects school performance and behavior.

Recognition of the impact of these childhood experiences has led to the development and increasing use of "trauma-informed" approaches in a variety of fields, including education. Trauma-informed practices in schools are those which involve:

- A realization of the widespread prevalence and impact of trauma.
- Recognition of signs of traumatic exposure.
- Responses grounded in evidence-based practices.
- Resisting the re-traumatization of students.

Examples of such practices in schools include professional development for educators on the role of trauma in learning, classroom management practices and discipline policies focused on conflict resolution and restorative practices, and instructional modifications which address the specific learning needs of students exposed to trauma.

Trauma-informed practices are specifically cited in the new federal education law, the Every Student Succeeds Act (ESSA). Several provisions of the law reference staff development "based on trauma-informed practices that are evidence-based..." and "effective and trauma-informed practices in classroom management."

Incidence of ACEs among children and youth. A 2011-12 National Survey of Children's Health identified the prevalence of adverse childhood experiences among children age 0-17 years. Among the study findings related to children in California:

- 44 percent had one or more ACEs
- 18 percent had two or more ACEs
- 22 percent had experienced extreme economic hardship
- 17 percent had experienced family discord leading to divorce or separation
- 11 percent had lived with someone who had an alcohol or drug problem
- 8 percent had been a victim or witness of neighborhood violence
- 7 percent had witnessed domestic violence

Research finds that California children with ACEs are less engaged in school, miss more days of school, and are more likely to repeat a grade than children who have not suffered such trauma.

Student mental health initiatives. The CDE is engaged in a number of initiatives aimed at improving support for student mental health needs. Among them are:

- Student Mental Health Policy Workgroup established in 2012 to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for students.
- TETRIS-EBL project, a mental health training project funded by the California Mental Health Services Authority and administered through a contract with the Placer County Office of Education.
- A federally-funded "Now is the Time" project to provide support to three LEAs, and CDE training of school staff in a program called Youth Mental Health First Aid.
- Since 2011 an initiative called the Regional K-12 Student Mental Health Initiative, operated through the California County Superintendents Educational Services Association, has provided training designed to build capacity and cross-system collaboration to develop and sustain school-based mental health programs addressing prevention and early identification strategies.

The federal Every Student Succeeds Act (ESSA) also offers support for student mental health through a grant program called Student Support and Academic Enrichment Grants, which may be used, among many other purposes, to “expand access to or coordinate resources for school-based counseling and mental health programs, such as through school-based mental health services partnership programs.” This and other provisions of ESSA are subject to appropriation.

This bill would require the CDE to develop materials and provide information and training to schools, including charter schools, on becoming trauma-informed schools. ***Committee staff recommends*** that the bill be amended to require the training provided by CDE to comprise an online training module developed by CDE, in consultation with DHCS and DSS, and posted on their website for schools to access.

This bill also requires CDE to work with regional campuses of the University of California and the California State University to coordinate the offering of trauma-informed clinical care hours by students of those campuses at K-12 schools, including charter schools, for pupils and their families. The bill does not clarify the education or training requirement of the post-secondary students who would be providing such care nor does it provide any protection for K-12 pupils by requiring fingerprint clearances or background checks of the student providers, or other procedures to protect the safety and privacy of pupils receiving services. ***The committee recommends*** that this requirement be removed from the bill.

Similar and prior legislation. AB 2022 (Chu) of this Session requires all schools, including charter schools, to have at least one mental health professional for each 600 pupils. This bill is pending before this committee.

AB 2498 (Eggman) of this Session establishes the School Social Worker Pilot Program to provide multiyear grants to school districts in specified counties to fund a social worker at each eligible school. This bill is pending before this committee.

AB 2315 (Quirk Silva) establishes a telehealth pilot program in three school districts, allocates funding from the Mental Health Services Fund for the purchase of telehealth equipment and technology and specifies that providers would qualify for Medi-Cal reimbursement for mental and behavioral health services provided to a pupil via telehealth. This bill is pending before this committee.

AB 2471 (Thurmond) requires the transfer of funds from the *Youth, Education, Prevention, Early Intervention and Treatment Account* established through the passage of the *Control, Regulate and Tax Adult Use of Marijuana Act* to the California Department of Education (CDE) to establish a grant program which would allow schools to provide in-school support services to pupils. This bill is pending before this committee.

ACR 8 (Jones-Sawyer) Chapter 139, resolutions of 2017 recognizes adverse childhood experiences (ACEs), also known as post-traumatic “street” disorder in communities of color, as having lasting negative outcomes to both physical and mental health with growing implications for our state.

SB 191 (Beall) of this Session authorizes a local educational agency to enter into a contract with a county or qualified mental health service provider to create a partnership for providing mental health services to students. The bill would create a new special fund, from which funding could be provided to support such programs. This bill was held in the Senate Appropriations Committee.

AB 580 (O’Donnell) of the 2015-16 Session requires the CDE to develop model referral protocols for voluntary use by schools to address the appropriate and timely referral by school staff of students with mental health concerns. This bill was vetoed by the Governor.

AB 1014 (Thurmond) Chapter 397, Statutes of 2016 establishes the Learning Communities for School Success Program for the purpose of implementing the K–12 education portion of the Safe Neighborhoods and Schools Act, approved as Proposition 47 by the voters at the November 4, 2014, statewide general election.

AB 104 (Committee on Budget), Chapter 13, Statutes of 2015, among other things, appropriates \$10 million to the Superintendent of Public Instruction to be apportioned to a designated county office of education to provide technical assistance and develop statewide resources to assist local educational agencies to establish and align systems of learning and behavioral supports.

REGISTERED SUPPORT / OPPOSITION:

Support

Children NOW

Opposition

California Right to Life Committee

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